

Bacteriology Data Sheet

Patient Name _____

Lab Number	Submitted By	Date Collected	Date Received	AFB Smear Results	Date Reported	Culture Results	Date Reported	NAA* Results	Date Reported

Susceptibility Results:

*Nucleic Acid Amplification Test

Date		INH	S / R
Date		RIF	S / R
Date		EMB	S / R
Date		PZA	S / R
Date		STREP	S / R
Date			S / R